



**Kentucky Department of Financial Institutions**  
**Division of Nondepository Institutions**  
1025 Capital Center Drive, Suite 200  
Frankfort, Kentucky 40601  
Website: [www.kfi.ky.gov](http://www.kfi.ky.gov)  
Tel (800) 223-2579  
Fax (502) 573-0184

**STATE LICENSE CONFIRMATION FORM FOR CHECK CASHER LICENSE OR**  
**LIMITED CHECK CASHER LICENSE**

Instructions: Applicants should complete only the top portion of this form entitled, "To be completed by APPLICANT." The remaining portion, entitled "To be completed by STATE AGENCY," must be completed by the state agency or agencies that issued Applicant's license(s), registration(s), or exemption(s) related to the financial services industry. To expedite processing, Applicant should submit this form DIRECTLY to the state agency or agencies upon completion of the top portion.

**To be completed by APPLICANT:**

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(Legal Name and Address of Applicant)

is applying for a Check Cashier License or Limited Check Cashier License pursuant to Kentucky Revised Statutes Chapter 286, Subtitle 9. I hereby authorize \_\_\_\_\_ (Name of State) to release to the Kentucky Department of Financial Institutions any and all information requested regarding licenses, registrations, or claims of exemption held by Applicant and issued by \_\_\_\_\_ (Name of State Agency).

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(Name and Title)

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(Signature)

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(Date)

**To be completed by STATE AGENCY and returned to:**

Kentucky Department of Financial Institutions  
Attn: Division of Nondepository Institutions/Licensing Branch  
1025 Capital Center Drive, Suite 200  
Frankfort, KY 40601

1. What type of license(s), registration(s), and exemption(s) does Applicant currently hold? What is the issue date, license, registration, or exemption number, and expiration date for each license, registration, or claim of exemption?
  
  
  
  
  
  
  
  
  
  
2. Did your agency conduct an investigation prior to issuance of the license(s), registration(s), or exemption(s) listed above?
  
  
  
  
  
  
  
  
  
  
3. Does your agency conduct periodic examinations of Applicant?
  
  
  
  
  
  
  
  
  
  
4. Have any complaints been filed with your agency against Applicant in the past three (3) years? If yes, please give number, nature, and disposition of the complaint(s).
  
  
  
  
  
  
  
  
  
  
5. Has any disciplinary or enforcement action been taken against Applicant? If yes, please identify the type, date, and disposition of the disciplinary or enforcement action.

**Name and Title of Person Completing Form:**

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**Agency Name and Phone Number:**

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